| Effective November 10, 1998  9/3/4330   |  |            |                                    |                 |   |  |                   |      |                        |   |          |                               |                        |  |
|---|--|------------|------------------------------------|-----------------|---|--|-------------------|------|------------------------|---|----------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |            |                                    |                 |   |  |                   |      | SMALL ENTITY TYPE      |   |          | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| FO  | R  |            | NUMBE                              | RFILED          |   | NUMBER 6                                   | EXTRA             |      | RATE                   | FEE                                     |          | RATE                          | FEE                    |  |
| BA  | SIC FEE  |            |                                    |                 |   |  |                   |      |                        | 380.00                                  | OR       |                               | 760.00                 |  |
| TO  | TAL CLAIMS   |            | /                                  |                 |   |  |                   |      | X\$ 9=                 |   | OR       | X\$18=                        |                        |  |
| IND   | EPENDENT CL  | AIMS       | 3 minus 3 = *                      |                 |   |  |                   | Ī    | X39=                   | , | OR       | X78=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |            |                                    |                 |   |  |                   |      | +130=                  |   | OR       | +260=                         |                        |  |
| + If  | If the difference in column 1 is less than zero, enter "0" in column 2 |            |                                    |                 |   |  |                   |      |                        |   | OR       | TOTAL                         | 760                    |  |
|   | C  | MENDED     |                                    | TOTAL           |   |  | OTHER             |      |                        |   |          |                               |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |            |                                    |                 |   |  |                   |      | SMALL                  |   | OR       | SMALL                         |                        |  |
| AMENDMENT A   | •  | REM<br>A   | LAIMS<br>EAINING<br>FTER<br>NOMENT |                 | Pf  | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  |      | RATE                   | ADDI-<br>TIONAL<br>FEE                  |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *          | 18                                 | Minus           | **  | <i>2</i> 0_                                | =                 |      | X\$ 9=                 |   | OR       | X\$18=                        |                        |  |
|   | Independent  | <b>*</b> ` | 5                                  | Minus           | ***   | <u> </u>                                   | = 2               |      | X39=                   |   | OR       | 84                            | 168                    |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |            |                                    |                 |   |  |                   |      | +130≅ ົ                |   | OR       | +260=                         |                        |  |
|   |  |            |                                    |                 |   |  |                   |      | TOTAL<br>DDIT, FEE     | ·                                       |          | TOTAL<br>ADDIT. FEE           | 1h8                    |  |
| 5-6-65 (Column 1) (Column 2) (Column 3)   |  |            |                                    |                 |   |  |                   |      |                        |   |          |                               | j                      |  |
| AMENDMENT B   |  | REA<br>A   | LAIMS<br>MAINING<br>FTER<br>NOMENT | , ,             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                           |                   | RATE | ADDI-<br>TIONAL<br>FEE |   | RATE     | ADDI-<br>TIONAL<br>FEE        |                        |  |
|   | Total  | •          | 3                                  | Minus           | ** ZO                                       |  | = -               | ı    | X\$ 9=                 |   | OR       | X\$18=                        |                        |  |
|   | Independent  | •          | /                                  | Minus ***       |   | 9  | 2                 | T    | X39=                   |   | OR       | X78=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |            |                                    |                 |   |  |                   |      | +130=                  |   | OR       | +260=                         |                        |  |
|   |  |            |                                    | •               |   |  | _                 | L    | TOTAL                  |   |          | TOTAL                         |                        |  |
|   |  | (Col       | lumn 1)                            |                 | ıc  | Column 2)                                  | (Column 3)        | A    | DDIT. FEE I            |   | ,        | ADDIT. FEE                    |                        |  |
| ၁   |  | C          | LAIMS<br>MAINING                   | 7° 0°           |   | HIGHEST<br>NUMBER                          | PRESENT           | Г    |                        | ADDI-                                   |          |                               | ADDI-                  |  |
| AMENDMENT (   |  | A          | FTER<br>NDMENT                     |                 | PI  | REVIOUSLY<br>PAID FOR                      | EXTRA             |      | RATE                   | TIONAL<br>FEE                           |          | RATE                          | TIONAL<br>FEE          |  |
|   | Total  | *          | TO INCITE                          | Minus           | **  |  | =                 | l    | X\$ 9=                 | FEE                                     | OR       | X\$18=                        | FEE                    |  |
|   | Independent  | *          |                                    | Minus           | ***   | •  | =                 | F    | X39=                   |   |          | X78=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |            |                                    |                 |   |  |                   |      | 703-                   |   | OR       | X/0=                          |                        |  |
| +130= OR +260=  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |            |                                    |                 |   |  |                   |      |                        |   |          |                               |                        |  |
| **  | f the entry in colu<br>If the "Highest Nu<br>If the "Highest Nu        | mber Pr    | eviously Pa                        | aid For IN THI  | S SP  | ACE is less that                           | n 20, enter "20." | AI   | TOTAL<br>DDIT. FEE     |   | OR       | TOTAL<br>ADDIT, FEE           |                        |  |
|   | The "Highest Nun   | nper Pre   | viously Pa                         | id For (Total o | rinde                                       | pendent) is the                            | highest number    | foun | id in the app          | propriate box                           | c in col | umn 1.                        |                        |  |

Application or Docket Number